

No. 2  
12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31953

State File No. \_\_\_\_\_  
Registrar's No. 221

Registration District No. 237 Primary Registration District No. 3048

1. PLACE OF DEATH:  
(a) County Nodaway  
(b) City or town Maryville, Mo.  
(c) Name of hospital or institution:  
517 North Water St., /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Month  
In this community 1 Month  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CORA OLIVE COX  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife W.J. Cox (Deceased) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 27 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	1	2	hr. _____ min.

9. Birthplace Hugginsville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Jasper Powell

13. Birthplace Wisconsin  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edward Bremer  
(b) Address Maryville, Mo.

17. (a) Burial (b) Date thereof 10-1-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hugginsville, Mo.

18. (a) Signature of funeral director Pine Funeral Home  
(b) Address 120 East 1st St.,

19. (a) 10-1-47 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Nodaway  
(c) City or town Ravenwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. None  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29  
year 1947 hour 2 minute 10 P. M.  
21. I hereby certify that I attended the deceased from Sept 26 1947 to Sept 28 1947  
that I last saw her alive on Sept 28 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation + Pulmonary Edema  
Ca of Pt. Bleed with Pulmonary Metastasis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature W.R. Jackson (M. D. or other) \_\_\_\_\_  
Address Maryville, Mo. Date signed 9-30-47

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

4300

100

14  
28 T/C  
28

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

*Info. of use of subject  
with personnel &  
travel to St. Louis  
district of personnel (12-21)*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clin M. Pisci

Licensed Embalmer No. 1822

P. O. Address Maryville Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above. *not embalmed*